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Mail Stop Patent Application
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

22581 U.S. PTO

PATENT

Date: March 1, 2004
File No.: 0212.69069

Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): Joseph Z. Wascow et al.

For: EXTENSION CORD RETENTION
AND PLUG RETENTION SYSTEM

Enclosed are:

- (X) 48 pages of specification, including 33 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- () an unexecuted oath or declaration, with power of attorney.
- (X) 13 sheet(s) of informal drawing(s).
- () sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to Credo Technology Corporation.
- (X) Assignment Form Cover Sheet.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s) is enclosed.
- (X) Information Disclosure Statement.
- (X) Form PTO-1449 and cited foreign references.
- () Associate power of attorney.
- () Priority Document.
- (X) Petition for Extension of Time (in duplicate) for parent application 10/096,458, with a check for \$420.00 to make co-pending.

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

3-1-04

Date

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*Dail Garam*22581 U.S. PTO
10/790361Fee Calculation For Claims As Filed

a) Basic Fee		\$ 770.00
b) Independent Claims	<u>4</u> - 3 = <u>1</u>	x \$ 86.00 = \$ <u>86.00</u>
c) Total Claims	<u>33</u> - 20 = <u>13</u>	x \$ 18.00 = \$ <u>234.00</u>
d) Fee for Multiple Dependent Claims		\$290.00 = \$ _____
		Total Filing Fee \$ <u>1090.00</u>

- () Applicant qualifies as a Small Entity, reducing Filing Fee by half to \$ _____
- (X) A check in the amount of \$ 1090.00 to cover the filing fee is enclosed.
- () Charge \$ _____ to Deposit Account No. 07-2069.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

GREER, BURNS & CRAIN, LTD.

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March 1, 2004

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